IOFFICIAL COPY Form BCA-5.1 OF REGISTERED AGENT 821-683.6 (Rev. Jan. 1991) Georgie H. Ryan SUBMIT IN DUPLICATE Secretary of State Department of Business Services This space for use by Springfield, IL 62756 Secretary of State Telephone (217) 782-6961 JUN 6.2.88 2 1998 Date GEORGE H. RYAN Remit payment in check or money Filing Fee \$ 5.00 SECRETARY OF STAT' order, payable to "Secretary of State." Approved: Col C 5 Title Crisis Intervention, Inc. 1. CORPORATE NAME: 2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State: C. Marc Smith Registered Agent First Name Middle Name Last Name 50200 Rest Madison Street, Suite 1950 Registered Office Num'ar Sireet Suite # (A P.O. Box alone is not acceptable) Chicago IL 60606 Cook Dity Zip Code County -MOZ.31 998 3. Effective date of resignation: . (Not less than 30 days after its filing by the Secretary of State) Juli 4. Address of the principal office of the corporation as such is known to the registered agent: 5154 W. Barry 98561074 Number Street Suite 2 8384/0104 16 001 Page 1 of @@\$998-06-30 12:47:20 Chicago, IL 60641 cottan County Recarder Zio Code City 5. A copy of this notice has been sent to the principal office of the corporation at legist 10 days prior to the date of its filing with the Secretary of State. 6. The undersigned affirms, under penalties of perjury, that the facts stated herein are truck April Caled .

NOTE: If registered agent is an individual, this notice shall be signed by the registered agent.

If registered agent is a corporation, this notice shall be signed by a principal officer.

(Signature of

()Ype or Print Name)

Marc C.

(Signature of Principal Officer)

(Type or Print Name)

UNOFFICIAL COPY

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